

Business Tax Receipt Application

City of Key West
City Hall Annex
PO Box 1409
Key West, FL 33041

Date Applied _____

BTR # _____
licensing@cityofkeywest-fl.gov
Phone 305-809-3955
Fax 305-809-3978

Business Type: _____

Business Name: _____

Business Location: _____

Business Owner: _____

State Licensed Qualifier (if applicable): _____

Mailing Address: _____

EIN / SS # _____ Phone # _____

Applicant name (printed)

Applicant signature

Date

State of Florida
County of Monroe

The foregoing instrument was acknowledged before me this ____ day of ____, 20__, by
_____.

Signature of Notary Public (stamp or seal). Personally known ____
Produced id _____.

____ Sales Tax number 305-470-5001 (myflorida.com)

____ Lease or deed

____ State License DBPR 850-487-1395 (myflorida.com)

Dept Ag 800-435-7352 (freshfromflorida.com)

____ Home occupation application

____ Fictitious Name registration (sunbiz.org)

Previous use _____

____ Corporate or LLC registration (sunbiz.org)

____ Liability / Worker's Comp

Zoning _____

____ Fire Inspector 292-8179

____ CO / final inspection on any permits

Category _____ Fee \$ _____

____ Monroe County or local licensing

Required prior to opening for businessCommercial garbage Waste Mgmt 305-296-2794

Issued in accordance with Chapter 66, Key West Code of Ordinances

____ Approved _____ Denied / Reason _____

Licensing Official

Date